

and feasibility of using more economical alternative facilities and services.

E. Specific Services which are Skilled Nursing -- Skilled nursing services include but are not limited to the following:

1. Intravenous or intramuscular injections and intravenous feeding. (Injections which can usually be self-administered -- e.g., the well-regulated diabetic who receives a daily insulin injection -- does not require skilled services.)
2. Levine tube and gastrostomy feedings.
3. Naso-Pharyngeal and tracheotomy aspiration.
4. Insertion or replacement of catheters and sterile irrigations of catheters.

#### INTERMEDIATE LEVEL OF CARE

Services Which Are Not Skilled Nursing (statements contained herein are not intended to negate the Nurse Practice Act but rather are used only in the context of differentiating between Skilled and Intermediate level of care.)

A. Importance of Service to the Patient -- The importance of a particular service to an individual patient does not necessarily make it a skilled service, e.g., a primary need for a nonambulatory patient may be frequent changes of position to avoid development of decubitus ulcers. Since changing of position can ordinarily be accomplished by unlicensed personnel, it would not be a skilled service.

B. Specific Services Which Are Supportive or Unskilled -- Supportive services include but are not limited to the following:

1. Administration of routine oral medications, eye drops, and ointments.
2. General maintenance care of colostomy or ileostomy.
3. Routine services in connection with indwelling bladder catheters. (This would include emptying containers and cleaning them, clamping tubing, and refilling irrigation containers with solution.)
4. Changes of dressings for noninfected postoperative or chronic conditions.
5. Prophylactic and palliative skin care, including bathing and application of creams, ~~or treatment of~~

minor skin problems.

6. General methods of treating incontinence, including use of diapers and rubber sheets.
7. General maintenance care in connection with a plaster cast.
8. Routine care in connection with braces and similar devices.
9. Use of heat for palliative and comfort purposes.
10. Administration of medical gases after initial phases of teaching the patient to institute therapy.
11. General supervision of exercises which have been taught to the patient.
12. Assistance in dressing, eating, and going to the toilet.

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<u>ASSESSMENT FACTORS</u>			
<u>1. TREATMENT FACTORS</u>			
<u>A. Medication</u>	<u>SNF LEVEL</u>	<u>ICF LEVEL</u>	<u>CUSTODIAL/RESIDENTIAL</u>
Where, because of patient's condition or type of medication, immediate changes of dosage may be required due to sudden, undesirable effects, in accordance with a physician's orders.		Routine administration of prescribed medications.	Verbal reminder to take prescribed medications.
Administration of intravenous solutions. Administration of insulin, daily or oftener on a sliding scale, based on urine tests, according to physician's orders if patient is unable to self administer for uncontrolled diabetes.		Medications requiring monitoring of vital signs, symptoms or adverse effects.	
Administration of injectables more frequently than once in an 8 hour period (does not apply to prn orders).		Administration of insulin, daily or oftener on a sliding scale, based on urine tests, according to physician's orders if patient is unable to self administer for controlled diabetes. (IVs may be given in ICF under physician's orders by licensed nurses administering and monitoring.)	
<u>B. Oxygen</u>			
Patient requires trained observation, close supervision, & monitoring by RN or LPN, for frequent administration of oxygen based on patient's condition. May be necessary to give oxygen by nasal cannula or catheter.		Patient requires supervision of frequently administered oxygen.	Self administered.
<u>C. Respiratory Therapy</u>			
Patient's condition is such that rehabilitative respiratory therapy must be administered by professional staff.		Patient's condition is such that assistance is required from staff.	Self administered respiratory therapy.
<u>D. Ostomy Care</u>			
Active teaching of new ostomy care &/or care of ostomy complications.		Resident requires assistance with ostomy care.	Self administered ostomy care.
<u>E. Skin Care</u>			
According to physician's orders, patient requires treatment of existing decubitus lesions larger than one inch in diameter or smaller multiple decubiti; infected, necrotic, purulent &/or draining.		Based on needs & according to physician's orders requires ongoing skin care for the prevention of recurring decubiti.	Based on needs resident requires occasional assistance with routine care of skin including cleanliness.

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F. Dressings	Dressings for deep lesions or wounds which, due to location, copious drainage, etc., require complex & sterile technique changes more frequently than once a day.	Dressings for areas requiring cleaning, irrigation, medication & sterile technique.	Application of band-aids, elastic stockings or Ace bandage, when prescribed.
G. Restorative Care	Includes related teaching & adaptive aspects of skilled nursing, part of active treatment & requires presence of RN or LPN at performance.	Requires some assistance with range of motion exercises (active & passive) &/or proper positioning of patients.	Independent range of motion & exercises to maintain level of restoration.
H. Specialized Rehabilitative Procedures by Qualified Therapists	Initial or immediate post-hospitalization speech therapy &/or audiology, physical therapy, occupational therapy, etc. This criterion, per se, does not qualify for skilled nursing level.	Not applicable.	Not applicable.
I. Other special services required such as sterile set-ups for spinal puncture, paracentesis, thoracentesis, suture removal, tracheostomy care, electric suction (for mucus removal) for continuing care which can be provided only under direction of a licensed nurse.	The scope of these specialized services (comprehensive care) may require maximum nursing time of ancillary nursing personnel as well as direct observation, supervision & care by professional nurses. Detailed documentation must reflect the scope & response of the patient to the care. Patient's condition may be:	Not applicable.	Not applicable.
a. An acute episode of an already existing illness.			
b. Nature of the illness may require the most comprehensive care for unlimited time to meet all of the needs of the totally dependent patient.			
c. Cerebral or spinal cord pathology where the patient is totally dependent. Comprehensive nursing care may be necessary to sustain life.			

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2. **FEEDING**
  - a. Chokes easily &/or aspirates.
  - b. Needs Levine &/or gastrostomy tube feeding on a sustained basis.
  - c. Tendency towards regurgitation &/or potential danger.

Hand feeding may be required due to physical or mental condition, however, not merely because of blindness, slowness or awkwardness.

Patient should evidence (a) weakness &/or fatigue (b) major paralysis; major deformity of hands, (c) prolonged psychological reasons, (d) minor difficulty in swallowing.

Patient may need self help device to eat.

Resident may need assistance to eat & some assistance in cutting (some foods may need to be cut, bread buttered, milk carton opened, etc.).
3. **MOBILITY & TRANSFER**

Patient unable to ambulate or transfer without trained assistance.

Patient requires assistance from attendant to get from bed to chair, wheelchair, bathroom or dining room.

Fully ambulatory or semi-ambulatory (necessary assistance & guidance provided).
4. **NUTRITION (Regular and Therapeutic)**

Nutritional value requirements of diet may need to be calculated & adequate replacement made for food refused from planned meal patterns.

This criterion does not, per se, warrant skilled nursing level.

Nutritional value requirements of diet may need to be calculated & adequate replacement made for food refused from planned meal patterns.

This criterion does not, per se, warrant ICF nursing level.

May be unable to manage own food & requirements.

May need texture modification of regular diet (example: meat ground or vegetables mashed).

May need therapeutic diet for control of existing organic condition.

Resident may need encouragement or assistance to drink adequate water.
5. **FLUID INTAKE & OUTPUT**

Adjustment of medication may be required, due to fluid retention, according to physician's orders.

Measuring of urinary intake & output may be ordered by physician.

Documentation of assessment to reflect signs of fluid retention such as pedal edema, etc., with notification to physician.

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6. BOWEL AND BLADDER FUNCTION	May require procedures due to complications which require professional involvement.  Chronic incontinence with skin breakdown which requires frequent perineal care.	May require assistance with elimination of a regular & recurrent habits.  Chronic incontinence; needs to be taken to bathroom routinely or needs use of bed pan, urinal, or commode.  Some perineal care required.	Includes toilet training to encourage continence. Needs reminding to prevent occasional incontinence.
7. BLADDER & BOWEL RETRAINING A. Bowel &/or bladder continence based on:	Specific bladder & bowel retraining may be required. Assessment & initiation of bladder &/or bowel retraining plan.	Facility is evaluating resident's potential for retraining program OR resident is in a specific program.	Not applicable.
(1) Neurogenic Bladder			
(2) Bladder Tumor (new growth) or other organic conditions			
(3) Hypertrophied Prostate.			
(4) Post-Surgical			
B. Catheter Care	Catheter care with complications (bleeding, urinary tract infections, medicated irrigations, etc.).	Due to physical condition patient requires assistance with regular catheter care.	Routine catheter self care.
8. BEHAVIOR & MENTAL STATUS	Behavior may be labile requiring 24 hour a day availability of professional judgment. A physical condition may be present in a totally dependent individual who would be unable to communicate recurring problems & needs requiring professional evaluation. May require frequent IM or IV medications for additional control.	Automatic Physician Reviewer Referral.	Presence of behavior problems which can be managed by using common sense, respect & guidance.
	Comatose & requiring nasogastric feedings or intravenous therapy nutrition.	Not Applicable.	Not Applicable.

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| <p>9. Conditions involving multiple complications requiring skilled management of an aggregate of services.</p>   | <p>Patient's condition requires daily, regular trained observation, close supervision, treatment plan management and monitoring by RN or LPN for multiple complications, the relationship and effect of which necessitate ensuring the patient's recovery and/or medical safety.</p>  | <p>Not applicable.</p>  | <p>Not applicable.</p> |
| <p>10. Mental Retardation (limited to ICF (MR) Facilities only)</p>   | <p>Non-physician reviewer must apply this criterion only to those cases in which there is a <u>high probability</u>, as opposed to a <u>possibility</u>, that complications except in unusual medical necessity cases, mental retardation would not qualify a patient for this level. Patient would normally meet other criteria.</p> | <p>Not applicable.</p>  | <p>Not applicable.</p> |
| <p>11. No medical criteria are met. However, Patient is in a Discharge Status as defined by NMPSRO. Review Coordinator may certify.</p>                                 | <p>Not applicable.</p>  | <p>NMPSRO requires documented charting of placement progress, availability of appropriate placement, etc., in order to recertify on this basis.</p> | <p>Not applicable.</p> |
| <p>12. Physician Reviewer approves.</p>   | <p>Rationale must be given and documented on review worksheet.</p>  | <p>Rationale must be given and documented on review worksheet.</p>  | <p>Not applicable.</p> |
| <p>13. Physician Reviewer denies.</p>   | <p>Rationale must be given and documented on review worksheet.</p>  | <p>Rationale must be given and documented on review worksheet.</p>  | <p>Not applicable.</p> |
| <p>14. Patient is administratively denied because level of care request is not a Medicare/Medicaid program benefit. Review Coordinator may deny request for review.</p> | <p>Not applicable.</p>  | <p>Not applicable.</p>  | <p>Not applicable.</p> |

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## B. Admission Review

Before authorization for payment, a review of each applicant's or recipient's need for admission must be accomplished. This will be done through submission of a long term care abstract to the NMPSRO for review.

## 1. SNF Admission

The attending physician must make a medical evaluation of the recipient's need for SNF care, and certify such need on the abstract. This evaluation must include diagnosis, summary of present medical findings, mental and physical functional capacity, and prognosis. After the evaluation is made the attending physician must establish a written plan of care that includes:

- Diagnosis, symptoms and complaints
- Description of functional level
- Objectives
- Any orders for medications, treatments restorative or rehab services, diet, and special procedures
- Plans for continuing care
- Plans for discharge

The above required information will be condensed onto the abstract and forwarded to the NMPSRO for review. The NMPSRO will make a level of care determination and assign an initial continued stay review date will. The initial continued stay review date will in most instances be 30 days. The Review Coordinator may assign a length of stay shorter than 30 days based on the recipients needs and stability of conditions. Under no circumstances, will the initial period exceed 30 days.

## 2. ICF Admission

The attending physician must make an evaluation of the recipient's need for ICF care and certify such need on the abstract. This evaluation must include diagnosis, summary of present medical and social findings, mental and physical functioning, prognoses, and kind of services needed. After the evaluation is made the attending physician must establish a written plan of care that includes:

- diagnosis, symptoms, complaints
- functional level description
- objectives
- any orders for medications, treatments, restorative and rehab services, activities, therapies, social services, diet, special

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procedures, plans for continuing care, and plans for discharge.

The above required information will be condensed onto the abstract and forwarded to the NMPSRO for review. The NMPSRO will make a level of care determination and assign an initial continued stay review date. The initial continued stay review date will in most instances be 90 days. The Review Coordinator may assign a length of stay shorter than 90 days based on the recipient's needs and stability of condition. Under no circumstances will the initial period exceed 90 days.

### 3. ICF/MR Admission

The same as set forth above for ICF admissions will apply with the following addition. An interdisciplinary team of health professionals must make a comprehensive medical, social, and psychological evaluation of the recipient's need for admission to the ICF/MR. This evaluation will include diagnoses, summary of present medical, social and developmental findings, medical and social family history, mental and physical functional capacity, prognoses, kinds of services needed, evaluation of resources available in the home, family and community, and a recommendation concerning the need for admission to the ICF/MR.

### C. Continued Stay Review

Continued stay review will be accomplished through the submission of an abstract to the NMPSRO for review and/or through on-site review.

Using the level of care criteria described in this plan, the reviewer will review the abstract and make a determination as to the continued need for level of care and assign a recertification date for review.

#### 1. SNF

In most instances the reviewer will assign a continued stay review date of 90 days. The reviewer has the option of assigning a period of less than 90 days, based on the recipient's medical needs and stability of condition. Under no circumstances will the continued stay review date exceed 90 days.

#### 2. ICF

In most instances the reviewer will assign a continued

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stay review date of 6 months. The reviewer has the option of assigning a period less than 6 months, based on the recipient's medical needs and stability of condition. Under no circumstances will the continued stay review date exceed 6 months.

3. ICF/MR

Same as above for ICF.

4. Change in Level of Care

When it has become apparent that a recipient's condition and needs have changed sufficiently to warrant a different level of care, it is the responsibility of the physician and the facility to submit an abstract reflecting these changes so that a new level of care determination can be made.

D. Abstract & Forms

Attached is a copy of the abstract and other forms to be used in carrying out long term care review. Instructions for completion of the abstract can be found in the accompanying manual.

E. Appeals

Should the NMPSRO, through carrying out this plan, render an adverse decision regarding admission, level of care, or length of stay, the following appeal procedure is available.

Any resident, admitting/attending physician or provider of services who is dissatisfied with an adverse review determination of the NMPSRO may request a reconsideration of such determination by the NMPSRO LTC Subcommittee. After the procedures for the reconsideration (contained in the manual) are carried out, should the appealing party still be dissatisfied with the NMPSRO reconsideration determination, the appealing party may then avail themselves of the State Fair Hearing Process.

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